

CITY OF CHILTON  
42 SCHOOL STREET  
CHILTON, WI 53014



## QUARTERLY ROOM TAX REPORT

REPORTING QUARTER/YEAR \_\_\_\_\_

### **Identification**

Name of Lodging Property: \_\_\_\_\_

Owner or Manager: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### **Room Tax Computation**

1. Gross Receipts from Sale of Lodging: \_\_\_\_\_

2. Less: Actual Cost of Non-Lodging Portion of Packages: \_\_\_\_\_

3. Exempt Lodging Sales—Federal/State: \_\_\_\_\_

4. Total of Lines 2-3: \_\_\_\_\_

5. Total Taxable Lodging Sales (line 1 minus line 4): \_\_\_\_\_

6. 8% Room Tax Payable to City of Chilton (line 5 x 8%) \_\_\_\_\_

7. Penalty — Interest: \_\_\_\_\_

8. Late Filing Fee: \_\_\_\_\_

9. Total Due and Payable to City: \_\_\_\_\_

### **Verification**

Name of Person Completing this Report: \_\_\_\_\_

Signature of Person Filing Report: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Please submit one signed copy of this report together with your remittance payable to the **City of Chilton** by the 30th day following the quarter for which tax was collected. Post office postmark will be accepted.

**A \$10 LATE FILING FEE AND 1% INTEREST PER MONTH WILL BE IMPOSED FOR ALL REPORTS AND TAXES RECEIVED AFTER THE DUE DATE.**